



### Small Claims Form (Clean-up and/or pollution prevention)

**PURPOSE:** This form may be used for submitting claims to the *Ship-source Oil Pollution Fund* by the claimant or any appointed representative for expenses totalling less than \$15,000 as a result of an incident. This form is to cover expenses for the clean-up of assets or of the environment and for measures taken for the prevention of oil pollution following an incident. You may use your own version of this form however all information applicable to your case will have to be provided, using attachments as needed. Please refer to the guide as needed.

#### 1. Claimant Information

Private Citizen    Company Employee    Government Employee    Charitable/Environmental Organization

Full Name:  Organization:

Address:

City:  Province:  Postal Code:

Telephone: (Work)  (Mobile)  (Residence)

Email:  Website:

#### 2. Cause of Incident and Identification of Responsible Party/Operator

Land Based    Vessel    Unknown

If known, indicate: **Vessel type**    Oil Tanker    General Cargo    Fishing    Pleasure    Tug

Other, explain:

Vessel Name(s):  Registered Vessel Owner(s):

Address:

City:  Province:  Postal Code:

Telephone:

#### Vessel Insurance Information:

Insurer:  Policy no.:

#### Person who identified the source:

Full Name:

Address:

City:  Province:  Postal Code:

#### 3. Description of Occurrence

Date:  Time:  Location:

(ex. 3:38 PM EST)

Sea State:  Weather:  Tide, Current:

Has a public authority been advised of/attended the incident?    No    Yes, specify

Details including area affected, damages incurred, size of floating oil, samples and, if known, the type of oil released:

Types of vessels in the vicinity before and at the time of the oil spill:

**4. The claim relates to:**     Clean-up work     Pollution prevention

Please describe the clean-up work or measures taken to prevent or reduce oil pollution related to this occurrence including any photographs

**5. Materials and supplies utilized, including costs :** \$

Describe

**6. Contract services acquired, including costs :** \$

Describe

**7. Travel costs :** \$

Describe

**8. Salaries and overtime costs :** \$

Describe

**9. Vehicles, boats, pollution counter-measures and other equipment deployed, including costs :** \$

**Describe**

**10. Additional Expenses :** \$

**Describe**

**11. Amount Claimed**

The total monetary amount of the claim filed for compensation \$  **Taxes:**  included  not included

**12. Has the claim been submitted to the party who caused the damage?**  No  Yes

Date submitted:

**13. Action taken by party who caused the damage, if any:**  No action  Denied  Other, explain

**14. Are you seeking indemnification from an insurance company or aware of an action in court to recover costs which are the subject of the claim?**  No  Yes, please provide details

Insurance Company:  Policy no.:

Court in which the action is pending:  Case no.:

Counsel Name:  Telephone:

Address:

City:  Province:  Postal Code:

**15. Signature**  Claimant  Appointed Representative

I declare that all the information provided above is correct and complete, and that all costs claimed have been incurred and eligible under this claim. I undertake to inform immediately the Fund of any new information pertinent to this claim. Furthermore, I declare that this claim does not include any expense previously paid for by any other party.

**This form must be signed before submitting.**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed forms can be submitted by **fax** at 613-990-5423 or **mailed** to: Office of the Administrator of the Ship-source Oil Pollution Fund, Suite 830, 180 Kent Street, Ottawa, ON K1A 0N5 Canada. You may also **email** the form and all supporting documents to [claims@sopf.gc.ca](mailto:claims@sopf.gc.ca)

**Please include all necessary documents and attachments when submitting the form.**

**Additional Information**

[Empty box for providing additional information]